

Letter to Editor

## THE POOR GAINS OF THE NATIONAL HEALTH INSURANCE SCHEME DUE TO PATIENTS ATTITUDES AND OTHER INTERESTS

Anyanwu, E. B.

Department of Family Medicine, Delta State University Teaching Hospital Oghara, Nigeria

Dear Editor

Health Insurance is a mechanism for spreading the risks of incurring health care costs over a group of individuals and households. The health insurance schemes are policy concepts whereby officials formally hold funds consisting of contributions by insured participants and the resultant pool is designed to finance all or part of members' health costs (Obembe, 2007).

The health insurance scheme is a pre-payment scheme which ensures that participants are treated at the point of service delivery, thereby removing the user fees or 'out of pocket scheme'. Out of pocket payment is one of the least desirable mechanism of financing health care, as it often denies health care to those who cannot pay at the time of their illness (Obembe, 2007).

Thus, the removal of "out of pocket payment" at the point of service delivery is the goal of health insurance scheme.

The scheme assures or presumes that all participants are gainfully employed and that their financial contributions are deducted from source of salary income, while their employers also pay their contributions to the Health Management Organization (HMO) that they subscribe to.

This assures that the participants should enjoy good health care at all times, with functional health facilities retained as health care providers. But in reality what we see is often a far cry from what is expected. Several deviations are noted from the participants of the scheme.

First, many of the participants intermittently walk into their health care provider facilities asking to be given money while they do not have any ailments. If the care provider collaborates with the participants, he is therefore expected to give out an obviously falsified claim documents to the HMO. Reportedly, most care providers adamantly refuse to be involved in this practice.

Second, many of the participants report "ill" to their health care providers only to ask for days on "sick off". This is mostly to enable them go on their private activities while being properly and legally covered by the sick off certificate given to them by their care providers.

Third, several of the scheme participants often bring in their friends and other family members who are not entitled to be treated, to be treated on their enrolment card, thereby increasing the financial burden of the HMO. This will lead to false statistical report of illness by the HMO.

Fourth, even the truly ill participants, on being seen at the care providing facilities, often dictate and insist on a particular line of management. They often will not want to be admitted even when the condition demands so. And even if they agree to be admitted, usually will want to be discharged on short notices.

Again, some of the participants often walk in with a list of drugs that they want written out for them.

Most of them will not honour medical appointment for check-up, only returning when their medical condition relapses or some new ill-health develops.

A lot of re-educating of the participants is still necessary so as to change their attitude to the scheme. It should not be seen as their share of the national cake. We have to show some more honesty and dedication to make this new innovation work.

REFERENCE

Dr. Kayode Obembe. Based on Lecture delivered on 8<sup>th</sup> Alumni Day Lecture, Ibadan, College of Medicine Alumni Association. Community Health Insurance: The Panacea for Achieving the Millennium Development Goals in Nigerian. 19<sup>th</sup> November, 2007.

Received for Publication: 15/01/10

Accepted for Publication: 10/02/10

Email: ebirian@yahoo.com